

EL PASO FIRE DEPARTMENT
PUBLIC EDUCATION REQUEST

☐ Station Visit ☐ Pumper/Ladder
☐ Fire Extinguisher Program ☐ Safety House
☐ Fire Prevention Program ☐ Weekend Program
☐ Other: _____

Date Received: _____ Received by: _____

Person Calling: _____ Contact Person: _____

Organization/Function: _____

Address: _____ Phone Wk: _____ Hm: _____

Time of Program: _____ Tentative Date: _____ Alternate Date: _____

Station: _____ Appx Attendance: (Adults) _____ (Children) _____ (Ages) _____

Spanish Speaker ☐ Yes ☐ No. Other Information: _____

Referred to: _____ Person Notified: _____ Station: _____ Shift: _____

Hard Copy Sent to: _____ Date: _____

CONFIRMATION INFORMATION

☐ Confirmed Name: _____ Date Confirmed: _____

Other Information: _____

Completed By: _____

Date Completed: _____ Signature Printed Name
of People in Attendance: _____

PLEASE RETURN TO FPD